

Investment Direction Form

Public Employees' Retirement Fund

PRIVACY NOTICE

All Social Security Numbers are requested by this agency in accordance with the requirements of the Internal Revenue Code. Disclosure is mandatory; this form will not be processed without this interpretation. information.

State Form 48970 (R2/05-03-2002)				
Member's Name: First, Middle, (Maiden), Last		Member's Social Security Number		
Member's Street Address:	City	1	State	ZIP
You have the right to change your investment direction at any time while you maintain a balance in your Annuity Savings Account. However, your change will not take effect until the first day of the next calendar quarter: January 1, April 1, July 1, or October 1. This form must be received at least thirty (30) days prior to the date it is to take effect. If you leave				
PERF-covered employment, and leave your mo account.		_		
This form revokes and replaces all previously selected investment directions. In choosing your investment directions, please make sure the percentages total 100%, or it will be returned. Investments may only be made in increments of 10%. This form must be correctly completed and signed in order to take effect.				
Your investment options can only be changed by filing this form with PERF at the following address:				
Public Employees' Retirement Fund 143 West Market Street Indianapolis, IN 46204				
If you have not received a confirmation notice within 3 weeks of mailing this form, please call the Public Employees' Retirement Fund TOLL-FREE at 888-526-1687.				
	10% 20% 30%	40% 50% 60% 70	% 80'	% 90% 100%
Guaranteed Fund				
Money Market Fund				
Bond Fund				
S&P 500 Index Fund				
US Small Companies Stock Fund				
International Equity Index Fund				
The total of all selections must equal 100%				
I revoke any previous investment directions and hereby direct the above investments, effective this date.				
Member's Signature		Date		